

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 510738

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
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48		1				
49		1				
50		1				
TOTAL IND.	7					
TOTAL DEP.	31					
TOTAL CLAIMS	38					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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100								
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TOTAL DEP.								
OPTIM.								